2016 - 02 - 08 - 03 - 00049095

FEC FORM 1

Only

STATEMENT OF ORGANIZATION

FEC MAIL CENTER

2016 FEB -8 AM 7: 39

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Justice Opportunity Strength Honor PAC (JOSHPAC ADDRESS (number and street) (Check if address is changed) ublin CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ınatalie@nkbaurassociates.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2. **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Natalie Baur Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Use Federal Election Commission Toll Free 800-424-9530 (Revised 02/2009)

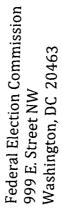
Local 202-694-1100

| FEC Form 1 (Revised 02/2009) | Page 2 | | | | |
|---|---|--|--|--|--|
| TYPE OF COMMITTEE | | | | | |
| Candidate Committee: | | | | | |
| (a) This committee is a principal campaign committee. (Complete the candidate | e information below.) | | | | |
| (b) This committee is an authorized committee, and is NOT a principal campaign information below.) | gn committee. (Complete the candidate | | | | |
| Name of Candidate | | | | | |
| Candidate Office Sought: House Senate | State President District | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an author | orized committee. | | | | |
| Name of Candidate | | | | | |
| Party Committee: | | | | | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | | |
| Political Action Committee (PAC): | | | | | |
| (e) This committee is a separate segregated fund. (Identify connected organization) | ion on line 6.) Its connected organization is a | | | | |
| Corporation Corporation w/o Capital | Stock Labor Organization | | | | |
| Membership Organization Trade Association | Cooperative | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | _ | | | | |
| (f) This committee supports/opposes more than one Federal candidate, and is | NOT a separate segregated fund or party | | | | |
| committee. (i.e., nonconnected committee) | committee. (i.e., nonconnected committee) | | | | |
| In addition, this committee is a Lobbyist/Registrant PAC. | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on li | ne.6.) | | | | |
| Joint Fundraising Representative: | | | | | |
| (g) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, at least one of which is an authorized committee of | | | | | |
| (h) This committee collects contributions, pays fundraising expenses and disburse committees/organizations, none of which is an authorized committee of a feder | | | | | |
| Committees Participating in Joint Fundraiser | | | | | |
| | number C | | | | |
| 2. FEC ID | number C | | | | |
| 3. FEC ID | number C | | | | |
| 4 | number C | | | | |

| Write or Type Committee Na | me | | | | |
|---|---|--|--|--|--|
| Justice Opportunity Strength Honor PAC (JOSHPAC) | | | | | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | |
| Josh Mandel | | | | | |
| | | | | | |
| Mailing Address | [9856] Archer Lane | | | | |
| | | | | | |
| | [Dublin] | | | | |
| | CITY STATE ZIP CODE | | | | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | |
| Full Name Natalie Baur | | | | | |
| Mailing Address | 9856 Archer Lane | | | | |
| | | | | | |
| · | Dublin OH 43017 | | | | |
| Title or Position | CITY STATE ZIP CODE | | | | |
| Treasurer | Telephone number [614,] - [766,] - [9073,] | | | | |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). | | | | | |
| Full Name of Treasurer | alie Baur | | | | |
| Mailing Address | 9856 Archer Lane | | | | |
| Tue de Desire | Dublin OH 43017 - STATE ZIP CODE | | | | |
| Title or Position Treasurer | Telephone number 614 - 766 - 9073 | | | | |

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|---|-------------------------|----------|----------|--|--|
| | | | | | |
| Full Name of Designated Agent | | | | | |
| Mailing Address | | | | | |
| | · | | | | |
| | CITY | STATE | ZIP CODE | | |
| Title or Position | | | | | |
| | Telephone no | umber | | | |
| Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | | |
| Ł | Fifth Third Bank | | | | |
| Mailing Address | 9050 Centre Point Drive | | | | |
| | Suite 150 | لليلط | | | |
| | West Chester | OH | 45069 | | |
| | СПҮ | STATE | ZIP CODE | | |
| Name of Bank, Depository, etc. | | | | | |
| ı | • | | ı | | |
| L | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | | لننا | | | |





AC Archer Lane OH 43017

| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMI The FEC added this page to the end of this filing to indic | |
|---|----------------------------|
| Hand Delivered | Date of Receipt |
| Postmarked USPS First Class Mail | Date of Receipt |
| USPS Registered/Certified | Postmarked (R/C) 1/16/2016 |
| USPS Priority Mail | Postmarked |
| | Postmarked |
| USPS Priority Mail Express | |
| Postmark Illegible | |
| No Postmark | |
| Overnight Delivery Service (Specify): | Shipping Date |
| Next Busi | ness Day Delivery |
| Received from House Records & Registration Office | Date of Receipt |
| Received from Senate Public Records Office | Date of Receipt |
| Received from Electronic Filing Office | Date of Receipt |
| Other (Specify): | of Receipt or Postmarked |
| I SDEDADED MP | 2/8/2016 |
| (3/2015) | DATE PREPARED |